



PTO/SB/17 (12-04)

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|--|--|--------------------------|----------------|
| Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 10/806,440 |
| | | Filing Date | March 23, 2004 |
| | | First Named Inventor | OZAKI |
| | | Examiner Name | Sikyln Ip |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | Art Unit | 1742 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1520 |
| | | Attorney Docket No. | VX042606 |

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|---|-----------------------|-----------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| - 20 or HP = 0 | x | \$50 = \$0 |
| HP = highest number of total claims paid for, if greater than 20 | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| - 3 or HP = 0 | x | \$200 = \$0 |
| HP = highest number of independent claims paid for, if greater than 3 | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|--|----------|---------------|
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = | \$0 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other: Three month extension / Notice of Appeal

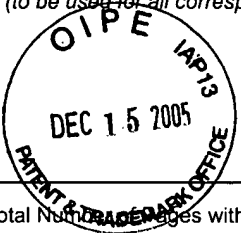
\$1520**SUBMITTED BY**

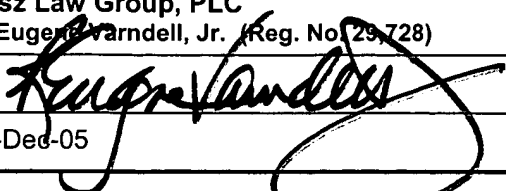
| | | | | | |
|-------------------|-------------------------|-----------------------------------|-------------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 29,728 | Telephone | (703) 707-9110 |
| Name (Print/Type) | R. EUGENE VARNDELL, JR. | Date | December 15, 2005 | | |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> <div style="text-align: center;">  </div> | | Application Number | 10/806,440 |
| | | Filing Date | 3/23/04 |
| | | First Named Inventor | OZAKI |
| | | Group Art Unit | 1742 |
| | | Examiner Name | Sikyin Ip |
| Total Number of Pages with This Submission | | Attorney Docket Number | VX042606 |

| ENCLOSURES (check all that apply) | | | | |
|---|---|---|---------|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund | <input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Remarks</td> <td></td> </tr> </table> | | | Remarks | |
| Remarks | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | |
| Firm or Individual name | Posz Law Group, PLC R. Eugene Varndell, Jr. (Reg. No. 29,728) | | | |
| Signature |  | | | |
| Date | 15-Dec-05 | | | |